

DEPARTMENT OF HEALTH SERVICES

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Date Issued: September 22, 1997
CMSP Letter: 97-4

TO: ALL COUNTY MEDICAL SERVICES PROGRAM (CMSP) COUNTY
WELFARE DIRECTORS

SUBJECT: REVISED CMSP INFORMATION NOTICE NO. 1 - ENGLISH ONLY

This letter transmits two camera ready copies of the revised English version of the County Medical Services Program (CMSP) Information Notice No. 1. Counties should use these camera ready masters to produce a prudent supply of this revised form. Previous revisions of this form should no longer be used.

Please note that the major revision to this form is that "adult day health care services" is now included as a benefit of the CMSP. The effective date of this benefit is October 1, 1997, and this form should *not be used until that date*. The Spanish version of this form will be available later in October 1997, and will be mailed to you then. In the meantime, **when utilizing your existing Spanish version of this form, please inform beneficiaries that as of October 1, 1997, adult day health care services are covered under the CMSP.**

If you have any questions about this letter please contact Ms. Genny Fleming, of my staff, at (916) 327-3867. Thank you for your attention to this matter.

A handwritten signature in cursive script that reads 'Linda McFarland'.

Linda McFarland, Chief
County Medical Services Program Unit

Enclosure

Shirley:

I will be gone Wednesday, in briefly Thursday morning, so I will leave you these instructions for processing the letter to Welfare Directors transmitting CMSP Info Notice #1. This needs to be mailed as soon as Linda signs the cover letter.

Linda now has the letter, if its ok she will sign it and give it to you. If she has changes on it please make those changes and give it back to her for signature. (it is on the enclosed disk a:\forms\info1cov)

Run the Welfare Director's mailing labels and attach to 8-1/2 X 11 manila envelopes.

Make 45 copies of the letter

Get 45 plastic sheet protectors.

Make 90 copies of the form. This is a two page form, please run it on two pages and do not staple or clip the pages together.

Using the plastic sheet protectors with the black sheet inside, insert 2 copies of the form (4 pages total) into the plastic sheet protectors. The two copies should be separated by the black sheet.

Mail the cover letter and the two copies of the Notice to each of the CMSP Co. Welfare Directors.

Put leftovers on my chair.

If you have any questions on this process please ask Al.

Thanks, genny.

IMPORTANT INFORMATION ABOUT THE COUNTY MEDICAL SERVICES PROGRAM (CMSP)

PLEASE UNDERSTAND THAT CMSP IS NOT THE MEDI-CAL PROGRAM.

When eligible for CMSP, you will receive a plastic State of California Benefits Identification Card (BIC). CMSP eligibility is certified each month. You must report any changes of income, property, or other health coverage within ten days to your county welfare department.

MISUSE OF YOUR BIC CARD COULD RESULT IN A REDUCTION OF YOUR BENEFITS, TERMINATION OF YOUR ELIGIBILITY, AND/OR PROSECUTION AS A MISDEMEANOR [TITLE 22, CCR, SECTION 50733(d)].

BENEFITS. You should always carry your plastic BIC card with you. Your BIC card may be used *only by you* to receive the following medical care:

- Acute inpatient hospital care (including acute inpatient rehabilitation)
- Adult day health care services
- Audiology services
- Blood and blood derivatives
- Chronic hemodialysis services
- Dental services
- Durable medical equipment
- Emergency air and ground ambulance services
- Hearing aids
- Home health agency services
- Hospital outpatient services
- Laboratory and radiology services
- Medical supplies, when prescribed by a licensed practitioner within the scope of his/her practice, or durable medical equipment dealers, and prosthetic and orthotic providers
- Nonemergency medical transportation
- Occupational therapy services
- Optician services
- Optometry services
- Outpatient clinic services
- Outpatient heroin detoxification services
- Pharmaceutical services provided by licensed pharmacists
- Physical therapy services
- Physicians' services
- Podiatry services
- Prosthetic and orthotic appliances
- Rehabilitation clinics
- Speech therapy services

EXCLUDED BENEFITS. CMSP *does not include* the following services:

- Pregnancy-related services (contact your county eligibility office)
- Long-term care facility services (contact your county eligibility office)
- Services of chiropractors, psychologists, and acupuncturists

If you need or desire medical care which is not covered by CMSP, you must pay for it yourself or make other arrangements with the provider. Check with your county health department for possible health care resources available in your county.

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PRIOR AUTHORIZATIONS. There may be some limitations on the amount of medical care you may receive with your BIC card. Also, many of these services may require prior approval by CMSP consultants before they are given. Your doctor or other provider should know the limitations, and is responsible to request any necessary approval from the State Department of Health Services. (Note: Local Medi-Cal field offices approve treatment requests for CMSP services, except for dental service requests which are processed by Denti-Cal.)

COPAYMENTS. You may be required to pay \$1.00 for medication prescriptions, \$1.00 for office visits, and \$5.00 for emergency room visits which are not emergencies.

SHARE OF COST. Some persons eligible for CMSP have a share-of-cost obligation. If you have a share of cost, you must pay, or agree to pay, part of your monthly income toward your medical expenses before CMSP will pay for covered benefits. Your county worker will explain how this works.

USING YOUR CARD. *You should always carry your BIC card with you.* In an emergency, obtain medical care immediately, even if you do not have your card with you. Remember, however, to tell the provider that you are covered by CMSP and show the provider your card as soon as possible after you have received care.

FINDING A PROVIDER. *Remember:* the person or facility providing medical care **does not** have to accept the BIC card. Find out if the provider accepts the card **before** you go for treatment. It is your responsibility to show the provider your card at the time you receive medical care. CMSP payments to your provider are considered payment in full for the services which you receive, although these payments may be less than a provider's usual and customary charges. Aside from your possible share of cost, you are not obligated to pay any difference between the provider's charges and CMSP's rate of payment.

BILLING THE PROGRAM. Only Medi-Cal providers of services are eligible to bill CMSP, as instructed in the Medi-Cal provider manual. If your provider does not accept CMSP and you decide to pay for the services in order to continue seeing that provider, CMSP cannot reimburse you for those services.

OTHER HEALTH COVERAGE. You are required to notify your county eligibility office if you are covered by any health insurance carrier. Other health coverage (OHC) information will be identified on your CMSP eligibility record, and providers of service must bill the OHC prior to billing CMSP.

THIRD PARTY LIABILITY. You are required to report to your county eligibility office when CMSP will be billed for health care services you received as a result of an accident or injury caused by some other person's action or failure to act.

FAIR HEARING. If you are dissatisfied with any decisions regarding medical care under the CMSP, you have the right to request a hearing by the Department of Social Services. You should either request a copy of the Medical Care Hearing Request, form 1175, from your eligibility worker or telephone the Public Inquiry and Response Unit at 1-800-952-5253. The completed form 1175 should be mailed to the address listed on the form.